STATEWIDE PROGRAM STANDING COMMITTEE
FOR ADULT MENTAL HEALTH

Meeting Notes
October 3, 2005

MEMBERS PRESENT: Kitty Gallagher, Lyn Parker Haas, George Karabakakis, Clare Munat, Sue Powers, and Jim Walsh

VDH/DMH STAFF: John Howland, Melinda Murtaugh, Frank Reed, Terry Rowe, Tom Simpatico, JoEllen Swaine, and Beth Tanzman

OTHERS: Anne Donahue, Nick Emlen, Brean Mead, Chad Ryan, and Scott Thompson

Clare Munat facilitated today's meeting.

Division of Mental Health (DMH) Update: Frank Reed

Visit from the Department of Justice. Two attorneys from the Department of Justice (DOJ) met three days last week with DMH leadership team and lawyers. From this point onward, probably for several months, Frank envisions a back-and-forth discussion between the state and the federal government over a final remediation plan for the Vermont State Hospital (VSH). In response to a question from Clare Munat about DOJ's documentation and possible replies/refutation from the state of Vermont, Frank described the atmosphere of the three days' discussion as more like a mutual exchange indicative of a willingness to cooperate on the part of both parties. Whatever the state is doing now, Frank said, the state should keep on doing. Jim Walsh asked what assurances we have that the state is on the right track. If the federal authorities objected to anything, Frank thinks that they would certainly say so. Overall, he said, he has no reason to believe that DOJ is treating Vermont any differently from any other state.

Global Commitment to Medicaid. Kitty Gallagher asked what the global commitment to Medicaid means. Frank explained that Vermont is the first state to undertake to put a cap on overall Medicaid growth over the next five years. (According to current projections, the state would be in a better financial situation than it would be continuing down the existing funding pathway.) The Office of Vermont Health Access will be the managed-care organization.

VSH Update: Terry Rowe

Discharge Planning. This is an area of focus in discussions with DOJ, Terry told Standing Committee members. It is a very complex topic, she knows from having attended any number of meetings on discharge planning. Physicians and nursing staff work hard to put together aftercare plans, she said. JoEllen Swaine will give the Standing Committee more details later in this meeting.

Focus Group Feedback.

- ✓ **Library:** The decision has been made not to remodel it. Still, Terry said, 231 VSH staff do need space for training, computer access, and the like. The Vermont Department of Health has purchased three mobile training units for VSH; they can be brought onto the wards.
- ✓ **Access to Outdoors:** Patients can now go outside more often, but the yard access is somewhat limited by program opportunities and also by the extensive renovations currently being made. Smoking porches have been reopened. Other changes to the B1 outside area will permit wintertime access there.
- ✓ **Renovations:** The legislature has appropriated around $1 million for this purpose. Renovations include new security screws on screens throughout the hospital and new fixtures to reduce the possibility of suicides. Asbestos removal in B1 for several days is complicating the renovations.
- ✓ **Exercise equipment:** Some patients are dissatisfied that they no longer have access to weights. The majority, however, voted to have aerobic equipment only.
- ✓ **Access to physicians:** Concern over a perceived lack of access to physicians is an issue for some VSH patients. Terry offered the reminder that the patients can file grievances if they feel so strongly.
- ✓ **Money:** One patient complained that he is not being given the money he should be receiving. The issue may be related to a limit on the amount of money that patients may have, but Terry could not be sure without more details. She reminded members that patients also have access to the grievance process if an issue is still not resolved.

Jim Walsh asked about patients' access to treatment teams. Terry said that treatment teams meet weekly for plan updates and patients are encouraged to attend if they can. Jim suggested bringing the focus group concerns to the Statewide Program Standing Committee as an item on the agenda with a view to identifying trends and assessing progress within an overall framework of purpose and goals in regard to these focus groups in the first place.

- ✓ One patient was concerned over having clothes taken away. Terry explained that VSH has a policy of three sets of clothing maximum.
- ✓ A patient on B2 wants a Ping-Pong table on that ward (B1 has one). Exercise equipment issues were brought to patients for input and VSH's current response was informed by that input. Maybe the issue can be brought up again, Terry said.
- ✓ One patient complained of disrespectful VSH staff. Terry thinks that staff are generally respectful and, if they are not, patients should let her know. If a specific staff person is identified, then Terry wants to be informed.

A discussion of the importance of patients' rights and being informed of them ensued, with some Standing Committee members suggesting that patients ought to be repeatedly informed about their rights once they are admitted to the State Hospital.

Discharge Planning

George Karabakakis and Nick Emlen sought input from designated agencies and Community Rehabilitation and Treatment Directors before the meeting today. In general, George said, dis-

charge planning has gotten considerably better over the past eight months. It still varies from region to region, though. Some of the important factors/issues involved in discharge planning are:

- ✓ Need for a written protocol on how a community agency is to collaborate with VSH
- ✓ Need for good communication between VSH and community agencies
- ✓ Need for proactive participation from DAs in discharge planning
- ✓ Concerns over *locum tenens* physicians on the State Hospital staff
- ✓ Need for continuum of housing options for patients with wide-ranging service/support needs
- ✓ Importance of adequate funding to put discharge plans into place

Tom Simpatico suggested that discharge planning be revisited on a regular basis in Standing Committee meetings. He also commented on recent work done at the State Hospital to improve the flow of information. A protocol is fine he said, but implementation could still be different at each agency and that's where the focus should be, that is, consistency of plan implementation statewide. George Karabakakis said that any discharge planning should be done in collaboration with designated agencies.

Kitty mentioned Community Links as a promising new capacity to link peers to peers (currently the program is limited to clients on orders of nonhospitalization). Lyn Parker Haas asked what efforts are made to include people from outside the world of mental health as community contacts or connections. Clare thought that the issue raised by Lyn was crucial, illustrative of the need for culture change to disperse people into communities and achieve real integration. She added that housing is also a fundamental need; people can't get well if they are homeless. Sue Powers is connected to a shelter in St. Albans. She has seen people coming there straight out of the hospital because of lack of housing. Nick remarked that individual plans of care usually contain quite a lot about integration into the community. Lyn asked about respite homes. Children have respite services, George responded, but there is no funding for respite for adults. Frank suggested that the global commitment could contain solutions for some of the difficulties mentioned in the course of this discussion.

Membership Business

The *Administrative Rules for Agency Designation* provide for Standing Committees of between nine and fifteen members. Governor Douglas prefers for the number to be nine rather than fifteen. The consensus of the membership is for more rather than fewer members. Frank asked Clare to draft a letter to present to the Deputy Commissioner, and the Standing Committee approved.

The composition of the Standing Committee and expiration of terms were another area of concern to the membership. The terms of all three consumers on the Standing Committee will expire on April 30, 2006. Paul Blake feels that we can have flexibility around who steps down when, Frank explained.

Marty Roberts will start attending meetings of the VSH Futures Committee as the liaison from the Standing Committee.

Co-occurring State Incentive Grant (COSIG) Update: Frank Reed

This five-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) will permit the Division of Mental Health to work more closely with the Division of Alcohol and Drug Abuse Programs (ADAP) on treatment and universal integrated screening and assessment of people with co-occurring disorders. DMH and ADAP have held several meetings over the past few weeks. The funding is for system change, Frank emphasized, and not necessarily for services *per se*. (See executive summary and organizational chart, attached.)

VSH Futures: Beth Tanzman

DMH decided to change the staffing for the Futures project, Beth explained, because the staff were overloaded trying to do their regular jobs and Futures too. Futures planning involves both (1) VSH and inpatient services from other hospitals and (2) alternatives to inpatient care. Frank, Patti Barlow, and Nick Nichols are doing other operations things that Beth used to do. Frank is currently interim Director of Community Services. DMH will be recruiting for a permanent occupant of the position soon. A communications person is also needed on the team. Another staff change is John Pierce's imminent retirement.

Three immediate big-picture issues for the VSH Futures project are:

- Implementation of the subacute and residential programs: recovery-oriented and trauma-informed, more intensive than community-based services but not inpatient
- Defining the scope of the work for consultation to the state on how many inpatient beds the state needs; this information is necessary for the Certificate of Need too
- Formulation of a policy recommendation from stakeholder partners on the key partners of the inpatient capacity to replace the State Hospital

Several work groups are doing development work:

- The subacute and secure residential work group is meeting every three weeks; it is beginning to discuss legal issues (for example, can people be ordered to go into programs?)
- The inpatient work group considered a single site versus multiple sites for a future inpatient facility and recommended one primary site plus two other sites for geographic accessibility
- The care management work group is looking at clinical criteria for each level of care

The Futures Advisory Committee unanimously accepted the resolution on subacute and secure residential capacity. Secretary of the Agency of Human Services Michael K. Smith has welcomed the policy and presented it to the Mental Health Legislative Oversight Committee.

George asked if there had been any discussion of community capacity. Yes, Beth replied; we need something like an air traffic control system to navigate Vermont's mental-health capacities. Clare asked how big the primary inpatient facility will be. Beth answered that that's why DMH needs an actuarial study. The current plan for thirty-two beds is based loosely on the current capacity at VSH, but there are many opinions about what the actual number should be. Additional questions from Clare and Beth's answers revealed that there may be a possibility of using more psychiatric beds at current designated hospitals, but also some stakeholders are interested in using hospitals that do not currently have psychiatric units. The system will basically be one in which other hospitals will be willing to take step-downs. The Governor wants the new primary facility to be built within three years.

Public Comment

Anne Donahue described the global commitment on Medicaid as she sees it: (1) The cap is estimated expenditures based on current spending; it is basically a guarantee of budget neutrality. (2) It has the advantage of flexibility, giving Vermont a choice of which programs to cut. These are not new dollars coming into the state. If the managed care organization (OVHA) can spend less, then those dollars can support more federal match month. (3) Both sides can opt out.

Beth noted that lots of states are facing challenges from the rising costs of health care. Most react by cutting benefits or enrollments. She is proud of Vermont for trying to negotiate a better way to meet its health care challenge.

Some Items for the November Agenda

- Focus groups: revisit goals and ask if we are achieving what we want to achieve through these focus groups
- Discharge planning: Hear from Tom Simpatico on the CRT Directors' meeting (the next CRT Directors' meeting will be on November 4)
- Housing: Brian Smith

For Another Future Meeting

- Work: what different agencies are doing, relationship with Vocational Rehabilitation. Ask Laura Flint and possibly a couple of VR counselors to come to the meeting.
- Consumer-clinician discussion about the notion of providing opportunities for clients to try something they are afraid to do as opposed to allowing clients to do only what they want to do. In short, how to get clients to stretch? Possibly consider this topic alongside the vocational item.